Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

09825499

Enouge Colors, 11							U (B de) T [
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			00.					RATE	FEE	ſ	RATE	FEE
FOR			20 NUMBER FILED		NUMBER EXTRA		В	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOIL								X\$ 9=	······································	OR	X\$18=	
TOTAL CHARGEABLE CLAIMS 20_mir				* /			-			UH		
INDEPENDENT CLAIMS			3 minus 3 =		19			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter					er "0" in c	olumn 2	L	TOTAL		OR	TOTAL	710.0
CLAIMS AS AMENDED - PART II							SMALL E	NTITY	OR	OTHER SMALL		
_		(Column 1) CLAIMS			ımn 2) HEST	(Column 3)	Г		ADDI-			ADDI-
NT A		REMAINING AFTER AMENDMENT		NUI PREV	MBER TIOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		=		X40=		OR	X80=	
<u> </u>	FIRST PRESE	NTATION OF M	NULTIPLE DEF	PENDE	NT CLAIM			+135=		OR	+270=	
							L	TOTAL		OR	TOTAL	
						10.1.0	. 7	DDIT. FEE	,	.	ADDIT. FEE	
	,	(Column 1)			umn 2)	(Column 3)	ı I		ADDI-	1 .		ADDI-
NT B		CLAIMS REMAINING AFTER AMENDMENT		NL PRE	IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL
AMENDMENT	Total .	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF I	MULTIPLE DE	PENDE	NT CLAIM]	+135=		1		
								+135=		OR	TOTA	
							,	ADDIT. FEE	L	OR	ADDIT. FE	E L _
		(Column 1)			lumn 2)	(Column 3)	4			~		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		PRE	GHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		=		X\$ 9=		O,F	X\$18=	
	Independent		Minus	***		=		X40=		OF	X80=	
	FIRST PRES	ENTATION OF	MULTIPLE DE	PEND	ENT CLAI	M	4		 	1	070	
					t. HON !	alumn 2		+135=		OF		1
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." 								TOTAL ADDIT. FEE		OF	ADDIT. FE	E
	Ithe "Highest N" The "Highest Nu	umber Previousl mber Previously	y Paid For" IN Ti Paid For" (Total	HIS SPA or Indep	CE is less to endent) is t	nan 3, enter "3." he highest numb	ber fo	und in the a	ppropriate t	oox in	column 1.	•